



PART B - FEE(S) TRANSMITTAL

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21005 7590 09/15/2003

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
530 VIRGINIA ROAD
P.O. BOX 9133
CONCORD, MA 01742-9133

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| | |
|------------------------|--------------------|
| PAULA DEPELLEAU | (Depositor's name) |
| <i>Paula Depelleau</i> | (Signature) |
| 12/12/03 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/916,179 | 07/25/2001 | David de Graaf | 2825.2018-001 | 7115 |

TITLE OF INVENTION: DIFFERENTIAL GENE EXPRESSION IN INTESTINAL POLYPS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------------------------|-----------------|-----------------------------|------------|
| nonprovisional | NO | \$1300 \$1330 | \$0 | \$1300 \$1330 | 12/15/2003 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| CHAKRABARTI, ARUN K | 1634 | 435-006000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith
1 & Reynolds, P.C.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Whitehead Institute for Biomedical Research

Cambridge, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature)

(Date)

William Teannie (4,318) 12-12-03

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12/16/2003 SMINASS2 00000034 09916179

01 FC:1501
02 FC:8001

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